



ALABAMA ATHLETIC COMMISSION

200 South Lawrence Street • Montgomery, AL 36104

Phone: (334) 245-4374

Fax: (866) 715-9714

OFFICIAL USE
by
Alabama Athletic
Commission

Acknowledgement
of
Receipt

In this space, the applicant
must attach a clean, full-face
photo of head and shoulders
taken within the past
six (6) months.
2"x2" SIZE PHOTO

APPLICATION FOR LICENSURE

AS A PROMOTER

TYPE: ☐ BOXING ☐ KICKBOXING
 ☐ MMA ☐ TOUGHMAN
 ☐ WRESTLING

(Select only **ONE TYPE** above)

*A separate application and fee is required for each additional **TYPE**.

Commission's Official Use Only:

AAC License # _____ P

***RESTRICTIONS MAY APPLY IF CURRENTLY LICENSED AS AN OFFICIAL:**

NO APPLICATIONS TO SERVE AS AN OFFICIAL WILL BE ACCEPTED FOR ANYONE CURRENTLY LICENSED BY THIS COMMISSION TO SERVE OR HAS SERVED WITHIN THE LAST FIVE (5) YEARS AS A PROMOTER, MATCHMAKER, TRAINER, MANAGER, SECOND OR COMPETITOR.

I hereby make application for licensure in the State of Alabama to serve as a **PROMOTER** under the jurisdiction of the Alabama Athletic Commission:

1. **Full Name** _____
(Legal Name of Owner, Co-Owner or Individual Contact for Promotion – Public Record)

Doing Business As (DBA) _____ **Incorporated:** _____
(Legal Name of Promotion - Public Record) (Indicate: LLC, Partnership, Sole-Owned)

***NOTE:** IF YOUR PROMOTION HAS MULTIPLE POINTS OF CONTACT, YOU MUST ATTACH A LIST WITH ALL INDIVIDUALS' LEGAL NAMES, ADDRESSES, PHONE NUMBERS AND EMAIL ADDRESSES.

2. **Address of Record** _____ **Telephone ()** _____
(The Above Address IS Public Record) Street City State, Zip (Circle One: Office/Home/Cell Phone)

3. **Mailing Address** _____ **E-mail** _____
(The Above Address IS NOT Public Record) Street/P.O. Box City State, Zip

4. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
mm dd yyyy

5. **Are you incorporated or otherwise legally recognized under the laws of its domicile?** ☐ Yes ☐ No

6. **Are you a United States citizen?** ☐ Yes ☐ No
If **NO**, do you have documentation that you are here legally? ☐ Yes ☐ No
****Please ATTACH documentation that proves your assertion**

7. **Have you ever held a Boxing, Kickboxing, MMA, Toughman or Wrestling related license in any other state?** ☐ Yes ☐ No
*If **YES**, LIST the **STATE**, **POSITION** and **TYPE** of license:
(Ex: California-Matchmaker, Boxing)

8. **Have you ever been convicted of any State or Federal felony?** ☐ Yes ☐ No
*If **YES**, ATTACH a detailed statement, including a summary of the charges, the final order, any probation or parole documentation and any other relevant information.

9. **Have you ever had a Boxing, Kickboxing, MMA, Toughman or Wrestling related license or registration revoked, suspended, fined or otherwise sanctioned for a violation?** ☐ Yes ☐ No
*If **YES**, ATTACH a COPY of the charges and the final order.

10. **Have you ever filed for bankruptcy in any state jurisdiction?** ☐ Yes ☐ No
*If **YES**, ATTACH a COPY of the final bankruptcy order, and a current credit report from one of the three major credit reporting services.

